

Levels of Care Placement Checklist  
(Ages 0-11)

Child Name:

Client ID:

Date:

Form instructions: The table below is used by the caseworker to list critical needs of the child in custody. The frequency, severity and number of concerns are used to determine the Foster Care placement level. Check all areas that apply to the child. Place a check mark in each area that applies and in the corresponding level of severity for that area.

Area of Concern	FC Level I	FC Level II	FC Level III
<input type="checkbox"/> Basic Care	<input type="checkbox"/> Excessive Crying		
<input type="checkbox"/> Feeding	<input type="checkbox"/> Feeding Problems		
<input type="checkbox"/> Incontinence/ Bowel problems	<input type="checkbox"/> Every 1-2 weeks <input type="checkbox"/> Bed time	<input type="checkbox"/> Daily <input type="checkbox"/> Several times a week	
<input type="checkbox"/> Failure to thrive		<input type="checkbox"/> Failure to thrive	
<input type="checkbox"/> Developmental delays		<input type="checkbox"/> Developmentally delayed	
<input type="checkbox"/> Social conflict	<input type="checkbox"/> Several days a week <input type="checkbox"/> Every 1-2 weeks <input type="checkbox"/> Monthly	<input type="checkbox"/> Daily (withdrawn)	
<input type="checkbox"/> Truancy	<input type="checkbox"/> 2-3 months missed	<input type="checkbox"/> 4 or more months missed	
<input type="checkbox"/> Fetal Alcohol/Drug		<input type="checkbox"/> Fetal drug addicted <input type="checkbox"/> Fetal Alcohol Syndrome	
<input type="checkbox"/> Gang involvement		<input type="checkbox"/> Gang member affiliation	
<input type="checkbox"/> Eating disorders		<input type="checkbox"/> Binging/Purging <input type="checkbox"/> Hording food <input type="checkbox"/> Over-eating	
<input type="checkbox"/> Specialized education		<input type="checkbox"/> Day treatment <input type="checkbox"/> Special education (DDMR) <input type="checkbox"/> Resource class	<input type="checkbox"/> Specialized education
<input type="checkbox"/> Other mental disorders	<input type="checkbox"/> Somewhat inhibiting	<input type="checkbox"/> Moderately inhibiting	<input type="checkbox"/> Severely inhibiting

<input type="checkbox"/> Medical	<input type="checkbox"/> Requires weekly monitoring (or less)	<input type="checkbox"/> Requires daily/hourly monitoring <input type="checkbox"/> Chronic condition <input type="checkbox"/> Shaken baby syndrome	<input type="checkbox"/> Life threatening
<input type="checkbox"/> Sexual disorders	<input type="checkbox"/> Sex abuse victim	<input type="checkbox"/> Sexually reactive <input type="checkbox"/> Sex perpetrator	<input type="checkbox"/> Sexual Perpetrator (multiple victims, predatory) <input type="checkbox"/> Prostitution
<input type="checkbox"/> Physical aggression	<input type="checkbox"/> Aggressive, low risk of injury <input type="checkbox"/> Every 1-2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year	<input type="checkbox"/> Superficial injury to self and others <input type="checkbox"/> Several days a week <input type="checkbox"/> Cruelty to animals <input type="checkbox"/> Destruction to items in the home	<input type="checkbox"/> High risk of serious injury <input type="checkbox"/> Serious injury caused <input type="checkbox"/> Several days a week
<input type="checkbox"/> Other ungovernable behaviors	<input type="checkbox"/> Curfew violation	<input type="checkbox"/> Runaway behavior <input type="checkbox"/> Stealing in the home	<input type="checkbox"/> Runaway behavior 2 or more times in last 6 months
<input type="checkbox"/> Physical disability		<input type="checkbox"/> Moderate disability	<input type="checkbox"/> Severe disability
<input type="checkbox"/> Genetic disease		<input type="checkbox"/> Moderate genetic disease	<input type="checkbox"/> Severe genetic disease
<input type="checkbox"/> Suicide		<input type="checkbox"/> Suicidal ideation	<input type="checkbox"/> Suicide attempts <input type="checkbox"/> Serious threats
<input type="checkbox"/> Mental disability		<input type="checkbox"/> Mild retardation <input type="checkbox"/> Learning disability	<input type="checkbox"/> Moderate retardation <input type="checkbox"/> Severe retardation
<input type="checkbox"/> Substance abuse		<input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Alcohol/Marijuana	<input type="checkbox"/> Several days a week <input type="checkbox"/> Every 1-2 weeks <input type="checkbox"/> Hard core drugs <input type="checkbox"/> Inhalation of toxic substances
<input type="checkbox"/> Placement disruptions			<input type="checkbox"/> 2 or more disrupted placements in last 6 months
<input type="checkbox"/> Placement transition			<input type="checkbox"/> Transitioning from a residential facility
<input type="checkbox"/> Other	<input type="checkbox"/> Low Severity	<input type="checkbox"/> Moderate Severity	<input type="checkbox"/> Severe
_____ Total areas	Specify:		

Determination of Foster Care Placement Level

<p><b>[ ] FC Level I:</b> Three or fewer areas of concern, and; no level of severity for any concern that falls within the FC Level II or Level III column.</p>	<p><b>[ ] FC Level II:</b> Four to Six areas of concern, or; any concern with a level of severity that falls within the FC Level II column, and; no level of severity for any concern that falls within the FC Level III column.</p>	<p><b>[ ] FC Level III:</b> Seven or more areas of concern (most with a level of severity falling within the FC Level II column), or; three concerns with a level of severity that falls within the FC Level III column</p> <p><b>[ ] FC Level III Step-Down:</b> Any child who has been in FC Level III and whose behaviors have improved to the Goal system of the Behavior Replacement Program. (Placement at this level should not exceed 12 months.)</p>
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Worker Signature

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Date:

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Supervisor Signature

\_\_\_\_\_  
Date:

Reason for other level of placement: